

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO7000027527

1. Limited Liability Company's Name

GLOBAL CHEM INVESTMENTS, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

11316 NW 43 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

11316 NW 43 TERRACE

Suite, Apt. #, etc.

City & State

DORAL, FL

Zip

33178

Country

USA

City & State

DORAL, FL

Zip

33178

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

03/12/2007

6. FEI Number

208650464

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARY DE SOUSA

Street Address (P.O. Box Number is Not Acceptable)

11316 NW 43 TERRACE

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33178

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 05/20/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>MARY DE SOUSA</u>	<u>11316 NW 43 TERRACE</u>	<u>DORAL, FL 33178</u>
<u>MGR</u>	<u>JOAQUIN GOMES</u>	<u>11316 NW 43 TERRACE</u>	<u>DORAL, FL 33178</u>

REINSTATEMENT 08-10

000181473420
05/28/10-01031-007 **\$16.25

11. E-mail Address: gcheminv@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

[Signature]

Date

05/20/10

Daytime Phone #

786 316 7926

Typed or printed name of signing Managing Member/Manager MARY DE SOUSA